

FINANCIAL AFFIDAVIT

Barry E. Taylor residing at
116 11th St. Yonkers, NY 10710 being duly sworn, depose and say that the
 following is an accurate statement of my income from all sources, my liabilities, my assets and
 my net worth, from whatever sources, and whatever kind and nature, and wherever situated:

1. INCOME FROM ALL SOURCES. List your income from all sources as follows:

a. Wages and Salaries (as reportable on Federal and State income tax returns):

1. Employer and address: none

2. Hours worked per week: _____

3. Gross salary/wages (☒ Weekly ☒ Bi-weekly ☒ Monthly ☒ Semi-monthly ☒ Annual) \$ _____

4. Deductions: a. Social Security/Medicare Tax a. \$ _____

b. Federal Income Tax b. \$ _____

c. New York State Tax c. \$ _____

d. NYC/Yonkers Tax d. \$ _____

e. Other payroll deductions

e. \$ _____

\$ _____

\$ _____

5. Number of members in household 1

6. Number of dependents 0

7. Income of other members of household \$ 0 per _____

\$ _____ per _____

NOTE: ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES.

b. Self-Employment Income (Describe and list self-employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules):

c. Interest/Dividend Income:

d. Other Income/ Benefits:

1. Workers Compensation 1. \$ 0 per
2. Disability Benefits 2. \$ 0 per
3. Unemployment Insurance Benefits 3. \$ 600.00 per week and 182.00
4. Social Security Benefits 4. \$ 870.00 per month BEE
5. Veterans Benefits 5. \$ 0 per
6. Pensions and Retirement Benefits 6. \$ 0 per
7. Fellowships/Stipends/Annuities 7. \$ 0 per
8. Supplemental Security Income (SSI) 8. \$ 870.00 per Month
9. Public Assistance 9. \$ 0 per
10. Food Stamps 10. \$ 194.00 per month

- e. Income from other sources: (List here and explain any other income including but not limited to: non-income producing assets; employment "perks" and reimbursed expenses to the extent that they reduce personal expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends):

\$200.00 to \$300.00 if needed
from friends and family

II. ASSETS:

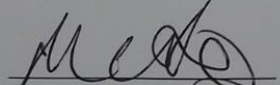
- a. Savings account balance (Name of bank:) a. \$
- b. Checking account balance (Name of bank:) b. \$
- c. Automobile(s) (Year and make:) c. \$
 Loan information
- d. Residence owned (Address:) d. \$
- e. Other real estate owned e. \$
- f. Other assets (For example: stocks, bonds, trailers, boat, etc.)
 f. \$
- g. Driver's, professional, recreational, sporting and other licenses and permits held (provide name of issuing agency, license number and attach a copy if possible)

III. LIABILITIES, LOANS AND DEBTS: List your liabilities, loans and debts as follows:

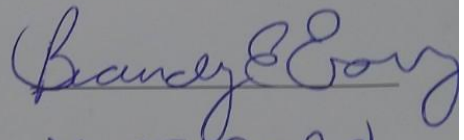
Creditor _____	Creditor _____	Creditor _____
Purpose _____	Purpose _____	Purpose _____
Date incurred _____	Date incurred _____	Date incurred _____
Total balance due \$ <u>0</u>	Total balance due \$ <u>0</u>	Total balance due \$ <u>0</u>
Monthly payment \$ <u>0</u>	Monthly payment \$ <u>0</u>	Monthly payment \$ <u>0</u>

Subscribed and Sworn to

Before me on this 5 day of July, 2020


Nicole Christo

Notary Public


7-15-2020

Date

NICOLE CHRISTO
Notary Public - State of New York
No. 01CH6376212
Qualified in Erie County
My Commission Exp. 06/04/2022